

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|--------------------------|
| Application Number | 10/816,357 – Conf. #1187 |
| Filing Date | April 1, 2004 |
| First Named Inventor | Choong-Chin Liew |
| Art Unit | 1634 |
| Examiner Name | J. C. Switzer |
| Total Number of Pages in This Submission | 2055Q(204231) |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Amendment Transmittal; and IDS Form PTO 1449 (2 References); |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | <i>Return Receipt Postcard.</i> |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-----------------------------------|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature | <i>Amy DeCloux 54849-07</i> | | |
| Printed name | Kathleen Williams | <i>E</i> | |
| Date | February 9, 2007 | Reg. No. | 34,380 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797928US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007

Signature: *Michelle Jacobson* (Michelle Jacobson)



AMENDMENT TRANSMITTAL LETTER

Docket No.
2055Q(204231)

| | | | |
|---|------------------------------|---------------------------|------------------|
| Application No. 10/816,357-Conf. #1187 | Filing Date April 1, 2004 | Examiner J. C. Switzer | Art Unit 1634 |
|---|------------------------------|---------------------------|------------------|

Applicant(s): Choong-Chin Liew

Invention: METHOD FOR THE DETECTION OF ASTHMA RELATED GENE TRANSCRIPTS IN BLOOD

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
|--|----------------------------------|--------------------------------|-----------------------------|------|--------|
| Total Claims | 21 | - 234 = | 0 | x | |
| Independent Claims | 1 | - 21 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within fourth month | | | | | 795.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 795.00 |

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-1105 in the amount of \$ 795.00 .
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Amy DeClouy
Amy DeClouy 54849 for
Kathleen Williams

Attorney/Agent Reg. No.: 34,380

Dated: February 9, 2007

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 439-4444

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797928US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007

Signature: *Michelle Jacobson* (Michelle Jacobson)

FEB 09 2007

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

795.00

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/816,357-Conf. #1187 |
| Filing Date | April 1, 2004 |
| First Named Inventor | Choong-Chin Liew |
| Examiner Name | J. C. Switzer |
| Art Unit | 1634 |
| Attorney Docket No. | 2055Q(204231) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Small Entity Fee (\$) | Fees Paid (\$) |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|--------------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| | | | | | |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
| 21 | - 234 | 0 | x = | Fee (\$) | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 1 | - 21 | 0 | x = |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| _____ | - 100 = | /50 _____ (round up to a whole number) x | _____ | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2254 Extension for response within fourth month 795.00

| | | | |
|-------------------|--------------------------|--------------------------------------|---------------------------------------|
| SUBMITTED BY | Amy Deluca | | |
| Signature | <i>Kathleen Williams</i> | Registration No. (Attorney/Agent) | 34,380 Telephone (617) 439-4444 |
| Name (Print/Type) | Kathleen Williams | Date | February 9, 2007 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797928US, on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007

Signature: *Michelle Jacobson* (Michelle Jacobson)